PATENT ADDITIONALES DETERMINATION OFFI									Application or Docket Number					
Effective December 29, 1999 O9/6 49973														
CLAIMS AS FILED - PART I													7. 7. 4. 4.	1
(Column 1) (Column 2)								_	TYPE		OR		R THAN LENTITY	ı
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	7	RATE	FEE	┫᠄
BASIC FEE										345.00	OR		690.00	1
TOTAL CLAIMS			1	9 minus	20=	•			X\$ 9=		OR		1	┨.
INDEPENDENT CLAIMS			minus 3 =			:			X39=		┨¨¨	<u> </u>	 	┨.
MULTIPLE DEPENDENT CLAIM PRE				PRESENT	RESENT						OR		 	┨
• #	the difference	in colu		o loop them	۱.	+130=	• • •	OR	+260=		١.			
61	* If the difference in column 1 is less than zero, enter *0* in column 2								TOTAL		OR	TOTAL	690.00	1
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								Smali	. ENTITY	OR		THAN ENTITY	ŀ
AMENDMENT A			AIMS AINING			HIGHEST NUMBER	PRESENT			ADDI-	7		ADDI-	┨
		AF	TER		PI	REVIOUSLY.	EXTRA		RATE	TIONAL		RATE	TIONAL	ľ
	Total		19	Minus			†			FEE	1 .		FEE	1.
	Independent	•	<u> </u>	Minus	-	20	-		X\$ 9=		<u>o</u> R	X\$18=		ŀ.
	FIRST PRESE	<u> </u>	N OF A	MULTIPLE DE		~			X39=	1	OR	X78=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									+130=		OR	+260=		
	12/6/05								TOTAL			TOTAL		1.
	(Column 1) : (Column 2) (Column 3)									L		ADDIT. FEE		ł
AMENDMENT B		Ct	AIMS AINING			HIGHEST NUMBER		Γ		ADDI-	1 1	•	ADDI	
		`AF	TER DMENT		PF	REVIOUSLY	PRESENT EXTRA	ı	RATE	TIONAL		RATE	TIONAL	ļ ·
	Total	AMEN	TO	Minus	\	PAID FOR		ŀ		FEE	1 1	·	FEE	
	Independent		1, 1	Minus	 	40		L	X\$.9=	<u> </u>	OR	.X\$18≖		-
		NTATIO	N OF N	ULTIPLE DE	PEND	ENT GLAIM		L	X39= .	l	OR	X78=.	4.	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								±130=		OR	+260=		
						4/1	8/15		TOTAL		f	TOTAL		
	7 / / O / O (Column 1) (Column 2) (Column 3)									<u> </u>	OR ,	DDIT. FEE		
		CU.	ums -	1000		olumn 2) IIGHEST	(Column 3)	_				•	<u>:</u> .	
E E			ining Ter			iumber Eviously	PRESENT EXTRA	ł	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMEN	MEMT			AID FOR		L		FEE		INIE	FEE	
	Total _	• 0	42	Minus	**	2:()	= 2	ı	X\$ 9= ·	٠	OR	X\$18=		
	Independent	• .	1	Minus	***	3.	•	1	X39=		l	X78=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	,,,,,,,	—— <u> </u>	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									+130=		OR	+260=		
"If the Trighest Number Previously Paid For' IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ""If the Trighest Number Previously Paid For' IN THIS SPACE is less than 3, enter "3."											OR A	TOTAL DOIT, FEE		
Ť	he Highest Numb	ber Previo	ously Pa	id For (Total or	indep	endent) is the	highest number t	lound	in the app	propriate box				
2014	P70 876													